

TEMPORARY CANNABIS TESTING LABORATORY LICENSE APPLICATION

APPLICATION FEE WILL NOT BE ASSESSED UNTIL YOU SUBMIT AN ANNUAL LICENSE APPLICATION

SECTION A - APPLICANT/BUSINESS INFORMATION Please provide the below business information for your cannabis license.

1. Temporary License Type



Testing Laboratory (Type 8)

A laboratory, facility, or entity in the state that offers or performs tests of cannabis or cannabis products.

2. Business Organizational Structure (Please check ONE)



Sole Proprietorship



Limited Liability Company



General Partnership



Corporation (or foreign corporation)



Limited Partnership



Limited Liability Partnership

3. Name (sole proprietor first and last, all other business types legal business name)

Doing Business As (DBA)

4. Business Premises Address

City

State

Zip Code

Mailing Address (if different from premises address)

City

State

Zip Code

5. Business Website

Email Address

Phone Number

6. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN)

SECTION B - PRIMARY CONTACT PERSON

7. Name

Title

Phone Number

Email Address

SECTION C - LIST OF OWNERS An owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including yourself. Attach additional pages if needed.

8. Name

Email

Phone Number

Ownership %

Title

Mailing Address

City

State

Zip Code

Name

Email

Phone Number

Ownership %

Title

Mailing Address

City

State

Zip Code

SECTION D - REQUIRED ATTACHMENTS/DOCUMENTS Listed below is all required documents that must be attached to and submitted with your application. To fill out the premises diagram, please visit the Bureau's forms site at <http://www.bcc.ca.gov/clear/forms.html>.



Premises Diagram



Documentation of Local Authorization



Evidence of Legal Right to Occupy the Proposed Location

AFFIRMATION AND CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature

Printed Name

Date Signed

Office Use Only

CLEaR Application Record Number:

See Disclosures on the Next Page

DISCLOSURES

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

Premises Location

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. To do so, please contact CJ Croyts-Schooley by phone at (833) 768-5880, by e-mail at bcc@dca.ca.gov or by physical mail at Department of Consumer Affairs – Bureau of Cannabis Control, 1625 North Market Blvd, Suite S-202, Sacramento, CA 95834.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)